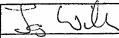


<b>POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number:		10/501,354	
	Filing Date:		December 27, 2004	
	First Named Inventor:		Justin ST. JOHN	
	Art Unit:		1632	
	Examiner Name:		Deborah Crouch	
Attorney Docket Number:		MACL:004US		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <span style="border: 1px solid black; padding: 2px;">32425</span> as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
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I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>				
SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD				
Signature				
Name	DR JAMES WILKIE			
Title and Company	DIRECTOR RCS THE UNIVERSITY OF BIRMINGHAM		Telephone	
Date	26.3.2009.			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input type="checkbox"/> *Total of _____ forms are submitted.				